

Grant County Public Works
124 Enterprise Street S.E.
Ephrata, Washington 98823
(509) 754-6082 Fax (509) 754-6087
aboorth@grantcountywa.gov



May 11, 2015
Attn: Equipment Suppliers
Re: High Molecular Weight Methacrylate

QUOTE SHALL BE RETURNED BY: 5:00 P.M., May 25, 2015

Your company is requested to provide a quote to furnish and deliver 220 Gallons of HMWM resin. Further specifications are listed below.

You may print a copy of this document, enter the necessary information and return via:

E-mail: aboorth@grantcountywa.gov

Fax: Grant County Public Works (509) 754-6087

Mail: Grant County Public Works
124 Enterprise Street S.E.
Ephrata, WA 98837
Attn: Andy Booth, HMWM

Provide the cost to furnish and deliver F.O.B.:

Grant County Public Works
124 Enterprise Street S.E.
Ephrata, WA 98823

the following item meeting the specifications:

Description	Quantity	\$ Amount
High Molecular Weight Methacrylate resin system, consisting of resin, promoter and initiator.	220 gallons	
Dry commercial blast sand consistent with California Test 205.	6,500 lbs.	
Shipping		
Sub-Total		
Tax	8%	
Total		

General Specifications:

These quote specs reference High Molecular Weight Methacrylate (HMWM). Consisting of a resin, promoter, and initiator. HMWM resin must be low odor and comply with the following

Property	HMWM resin Requirement	Test Method
Volatile Content	30 percent Maximum	ASTM D2369
Viscosity	25 cP, maximum (Brookfield RVT with UL adaptor, 50 RPM At 77° F)	ASTMD2196
Specific Gravity	0.90 minimum at 77°F	ASTM D 1475
Flash Point	180°F minimum	ASTM D3278
Vapor Pressure	1.0 mm Hg, maximum at 77°F	ASTM D323
Tack Free Time	400 minutes, maximum At 25°C	Specimens prepared per California Test 551
PCC Saturated Surface-Dry bond Strength	3.5 MPa, minimum at 24 hours and 21 ± 1°C	California test 551

Sand for abrasive sand finish must:

1. Be commercial dry blast sand
2. Have at least 95% pass the No. 8 sieve and at least 95% retained on the No. 20 sieve when tested under California Test 205

Please provide the following information for HMWM.

Manufacturer: _____ Product Name/No.: _____

Description: _____ Delivery ARO: _____

Please provide the following information for commercial blast sand.

Manufacturer: _____ Product Name/No.: _____

Description: _____ Delivery ARO: _____

Quote Evaluations

Quote evaluations shall include, but not be limited by, the following criteria:

- Conformance to specifications
- Past performance of Manufactures products
- Price (*may include life cycle*)
- Quality of product

Any other information the Vendor deems pertinent may be added to Page 3 of 3 of this document or enclosed with this Quote.

Deliveries must be scheduled between 8:00 A.M. to 3:00 P.M., Monday thru Thursday. If you are awarded the Quote, please call (509) 754-6086 at least one day prior to delivery to make arrangements

If you have questions please contact: Andy Booth, (509) 754-6082, abooth@grantcountywa.gov

In compliance with Chapter 39.34.030(5)b RCW a public notice for this solicitation for quotes has been posted on Grant County's website: <http://www.grantcountyweb.us/GCPW/index.htm>

1. The Bidder will allow Grant County to purchase additional quote items at the original bid prices offered Yes___ No___
2. The Bidder will allow other public agencies to purchase additional quote items at the original prices offered (RCW 39.34)..... Yes___ No___
3. The Bidder will allow modification on quote items for additional purchase requests (subject to wholesale price adjustments agreeable to each public agency)..... Yes___ No___
4. The Bidder agrees to provide extended purchase options thru March 31, 2016..... Yes___ *No___
*If "No" is checked please show acceptable extended purchase period.....
5. The Bidder understands Grant County accepts no responsibility for the payment of any additional purchase requests make by other public agencies..... Yes___ No___
6. The Bidder understands Grant County is not required to purchase additional quote items..... Yes___ No___

PROPOSAL MUST BE SIGNED →

Signature of Authorized Official(s)

Please Print Name of Authorized Official(s)

Firm Name_____

Address_____

City, St., Zip_____

Email_____

Voice (____) _____

Fax (____) _____

State of Washington License No. _____

Note:

- (1) This proposal form is not transferable and any alteration entered heron without prior permission from or by the County Engineer will be cause for considering the proposal irregular and subsequent rejection of the quote.
- (2) Should it be necessary to modify this proposal either in writing or by electronic means, please make reference to the following proposal in your communication: **HMWM resin.**